

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

RCE
JH

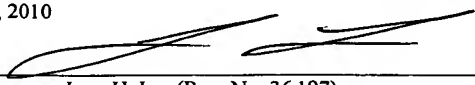
REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 10191/3516	APPLICATION SERIAL NO. 10/748,993	EXAMINER Vernal U. BROWN	ART UNIT 2612
INVENTOR(S): Jochen HUEBL		CONFIRMATION NO. 8251	

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
Date: July 23, 2010

Signature: 
Jong H. Lee (Reg. No. 36,197)

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **10/748,993** filed on **December 29, 2003** entitled **METHOD AND DEVICE FOR WAKING USERS OF A BUS SYSTEM, AND CORRESPONDING USERS.** The following constitutes the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Please enter the enclosed **"RULE 116 AMENDMENT ACCOMPANYING RCE"** responsive to the final Office Action dated April 15, 2010.
☐ Information Disclosure Statement
☐ Drawing Changes
☐ Other Submission:

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached. Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						810.00
TOTAL CLAIMS	14	MINUS	20	0	52.00	0.00
INDEPENDENT CLAIMS	5	MINUS	3	2	220.00	440.00
MULTIPLE DEPENDENT CLAIM					390.00	0.00
810.00 DA 440.00 DA				Number extra must be zero or larger	TOTAL	1,250.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY TOTAL 00

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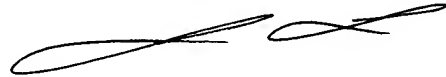
01 FC:1801
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03 FC:1251 130.00 DA

2. Please charge the required RCE filing fee of **\$1,250.00** to the deposit account of **Kenyon & Kenyon LLP's**, Deposit Account Number **11-0600**.
3. Applicant respectfully requests a **one-month extension of time** in which to respond to the final Office Action dated April 15, 2010, for which a response period expiring on July 15, 2010 was set. The extended period expires on **August 15, 2010**. Please charge the **\$130** one-month extension of time fee and any other fees that may be required to the Deposit Account of **Kenyon & Kenyon LLP's** Deposit Account No. **11-0600**.
4. The Commissioner is hereby authorized to charge payment of the fees, including any additional and/or extension fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP's**, deposit account number **11-0600**.

Respectfully submitted,

 (R. NO. 36,197)

Dated: July 23, 2010

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